

Fill in this information to identify your case:

Debtor 1	<b>Alluette Karen Jones</b>		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <b>DISTRICT OF SOUTH CAROLINA</b>			
Case number (if known)	<b>16-00057</b>		

Check if this is an amended filing

## Official Form 106Sum

### Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

#### Part 1: Summarize Your Assets

		<b>Your assets</b> Value of what you own
1.	<b>Schedule A/B: Property</b> (Official Form 106A/B)	\$ <b>760,200.00</b>
1a.	Copy line 55, Total real estate, from Schedule A/B.....	\$ <b>760,200.00</b>
1b.	Copy line 62, Total personal property, from Schedule A/B.....	\$ <b>22,243.15</b>
1c.	Copy line 63, Total of all property on Schedule A/B.....	\$ <b>782,443.15</b>

#### Part 2: Summarize Your Liabilities

		<b>Your liabilities</b> Amount you owe
2.	<b>Schedule D: Creditors Who Have Claims Secured by Property</b> (Official Form 106D)	\$ <b>413,775.00</b>
2a.	Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i> ...	\$ <b>413,775.00</b>
3.	<b>Schedule E/F: Creditors Who Have Unsecured Claims</b> (Official Form 106E/F)	\$ <b>5,525.99</b>
3a.	Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i> .....	\$ <b>5,525.99</b>
3b.	Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i> .....	\$ <b>19,383.59</b>

Your total liabilities \$ **438,684.58**

#### Part 3: Summarize Your Income and Expenses

4.	<b>Schedule I: Your Income</b> (Official Form 106I)	\$ <b>5,080.00</b>
	Copy your combined monthly income from line 12 of <i>Schedule I</i> .....	\$ <b>5,080.00</b>
5.	<b>Schedule J: Your Expenses</b> (Official Form 106J)	\$ <b>3,523.33</b>
	Copy your monthly expenses from line 22c of <i>Schedule J</i> .....	\$ <b>3,523.33</b>

#### Part 4: Answer These Questions for Administrative and Statistical Records

##### 6. Are you filing for bankruptcy under Chapters 7, 11, or 13?

No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Yes

##### 7. What kind of debt do you have?

**Your debts are primarily consumer debts.** *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

**Your debts are not primarily consumer debts.** You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

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8. **From the Statement of Your Current Monthly Income:** Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

\$ 3,468.73

9. **Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:**

	<b>Total claim</b>
<b>From Part 4 on Schedule E/F, copy the following:</b>	
9a. Domestic support obligations (Copy line 6a.)	\$ <b>0.00</b>
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$ <b>5,525.99</b>
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$ <b>0.00</b>
9d. Student loans. (Copy line 6f.)	\$ <b>0.00</b>
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$ <b>0.00</b>
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$ <b>0.00</b>
<b>9g. Total.</b> Add lines 9a through 9f.	<b>\$ 5,525.99</b>

Fill in this information to identify your case and this filing:

Debtor 1	<b>Alluette Karen Jones</b>		
	First Name	Middle Name	Last Name
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United States Bankruptcy Court for the: <u>DISTRICT OF SOUTH CAROLINA</u>			
Case number	<u>16-00057</u>		

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**Official Form 106A/B**  
**Schedule A/B: Property**

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In**

1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

No. Go to Part 2.

Yes. Where is the property?

1.1

**142 Coming Street**

Street address, if available, or other description

Charleston      SC      29403-0000  
City              State      ZIP Code

**What is the property? Check all that apply**

- Single-family home
- Duplex or multi-unit building
- Condominium or cooperative
- Manufactured or mobile home
- Land
- Investment property
- Timeshare
- Other \_\_\_\_\_

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

**Current value of the entire property?      \$420,000.00**      **Current value of the portion you own?      \$420,000.00**

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

**Fee Owner**

Check if this is community property  
(see instructions)

**Who has an interest in the property? Check one**

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number:

**TMS#460-16-01-013**

(The debtor purchased this home for \$35,000 in 1985. The debtor is informed and believes if she were to sell this property she could receive approximately \$420,000, based on the current housing market.)  
Tax Assessment Value \$344,200

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If you own or have more than one, list here:

1.2

**507 Bank Street**

Street address, if available, or other description

**Mount Pleasant SC 29464-0000**

City State ZIP Code

What is the property? Check all that apply

- Single-family home
- Duplex or multi-unit building
- Condominium or cooperative
- Manufactured or mobile home
- Land
- Investment property
- Timeshare
- Other

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property? \$250,000.00 Current value of the portion you own? \$125,000.00

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

**Fee Owner**

Check if this is community property (see instructions)

Who has an interest in the property? Check one

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number:

**TMS#532-05-00-130**

(The debtor and her brother inherited this property in 1999 following the death of their father. The debtor is informed and believes if she were to sell this property she could receive approximately \$250,000, based on the current housing market.)

**Tax Assessment Value \$250,000  
(No lien)**

If you own or have more than one, list here:

1.3

**Vacant Lot on Bank Street**

Street address, if available, or other description

**Mount Pleasant SC 29464-0000**

City State ZIP Code

What is the property? Check all that apply

- Single-family home
- Duplex or multi-unit building
- Condominium or cooperative
- Manufactured or mobile home
- Land
- Investment property
- Timeshare
- Other

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property? \$215,200.00 Current value of the portion you own? \$215,200.00

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

**Fee Owner**

Check if this is community property (see instructions)

Who has an interest in the property? Check one

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number:

**TMS#532-05-00-131**

(The debtor purchased this home for \$30,000 in 2000. The debtor is informed and believes if she were to sell this property she could receive approximately \$215,200, based on the current housing market.)

**Tax Assessment Value \$215,200  
(No lien)**

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here.....=>

\$760,200.00

**Part 2: Describe Your Vehicles**

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

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3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

No  
 Yes

3.1 Make: Mazda  
 Model: Miata  
 Year: 1999  
 Approximate mileage: 91,907

Other information:

**VIN JM1NB3530X0122520**

**(There is no lien on this vehicle.)**

Who has an interest in the property? Check one

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property?

Current value of the portion you own?

\$1,700.00

\$1,700.00

3.2 Make: Infiniti  
 Model: Q45t  
 Year: 1998  
 Approximate mileage: \_\_\_\_\_

Other information:

**VIN JNKBY31A6WM502070**

**(There is no lien on this vehicle.)**

Who has an interest in the property? Check one

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property?

Current value of the portion you own?

\$1,925.00

\$1,925.00

3.3 Make: GMC  
 Model: Envoy  
 Year: 2004  
 Approximate mileage: 157,202

Other information:

**VIN 1GKDS13S042260590**

**(There is no lien on this vehicle. The debtor's daughter drives and maintains this vehicle.)**

Who has an interest in the property? Check one

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property?

Current value of the portion you own?

\$3,275.00

\$3,275.00

4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories

Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

No  
 Yes

5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here.....=>

\$6,900.00

**Part 3: Describe Your Personal and Household Items**

Do you own or have any legal or equitable interest in any of the following items?

Current value of the portion you own?

Do not deduct secured claims or exemptions.

6. Household goods and furnishings

Examples: Major appliances, furniture, linens, china, kitchenware

No  
 Yes. Describe.....

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<b>Personal Items</b>
Kitchenware
Stove
Refrigerator
Washing Machine
Dryer
Living Room Furniture
Den Furniture
Bedroom Furniture
Dining Room Furniture
Lawn Furniture
Lawn Mower
Stereo
Yard Tools
Computer

**\$7,775.00**

**7. Electronics**

*Examples:* Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

No  
 Yes. Describe.....

**8. Collectibles of value**

*Examples:* Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

No  
 Yes. Describe.....

**9. Equipment for sports and hobbies**

*Examples:* Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

No  
 Yes. Describe.....

**10. Firearms**

*Examples:* Pistols, rifles, shotguns, ammunition, and related equipment

No  
 Yes. Describe.....

**11. Clothes**

*Examples:* Everyday clothes, furs, leather coats, designer wear, shoes, accessories

No  
 Yes. Describe.....

<b>Clothing</b>
Shoes
Purses

**\$0.00**

**12. Jewelry**

*Examples:* Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

No  
 Yes. Describe.....

<b>Costume Jewelry</b>
------------------------

**\$300.00**

**13. Non-farm animals**

*Examples:* Dogs, cats, birds, horses

No  
 Yes. Describe.....

Debtor 1 Alluette Karen Jones

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14. Any other personal and household items you did not already list, including any health aids you did not list

No  
 Yes. Give specific information.....

15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here .....

\$8,075.00

**Part 4: Describe Your Financial Assets**

Do you own or have any legal or equitable interest in any of the following?

Current value of the portion you own?  
Do not deduct secured claims or exemptions.

16. **Cash**

Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

No  
 Yes.....

**Cash** \$20.00

17. **Deposits of money**

Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

No  
 Yes.....

Institution name:

**NBSC**  
Acct #3346

17.1. **Checking** (This was the checking account for Alluette's, Inc. which is no longer in operation.) \$1,415.70

17.2. **Checking** TD Bank  
Acct #6797 \$1,521.54

18. **Bonds, mutual funds, or publicly traded stocks**

Examples: Bond funds, investment accounts with brokerage firms, money market accounts

No  
 Yes.....

Institution or issuer name:

19. **Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture**

No  
 Yes. Give specific information about them.....

Name of entity:

% of ownership:

20. **Government and corporate bonds and other negotiable and non-negotiable instruments**

Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders.

Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them.

No  
 Yes. Give specific information about them

Issuer name:

21. **Retirement or pension accounts**

Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

No  
 Yes. List each account separately.

Type of account:

Institution name:

Debtor 1 **Alluette Karen Jones**

Case number (if known) **16-00057**

**22. Security deposits and prepayments**

Your share of all unused deposits you have made so that you may continue service or use from a company

Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

No

Yes. ....

Institution name or individual:

**Electric**

**Held by SCE&G**

**\$250.00**

**23. Annuities** (A contract for a periodic payment of money to you, either for life or for a number of years)

No

Yes.....

Issuer name and description.

**Social Security  
(receives monthly)**

**\$980.00**

**24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.**

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

No

Yes.....

Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c):

**25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit**

No

Yes. Give specific information about them...

**26. Patents, copyrights, trademarks, trade secrets, and other intellectual property**

Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

No

Yes. Give specific information about them...

**Trademark for "Geechie Girl"**

**(The debtor has not yet used the name to generate any income.  
She has approximately 9.5 years remaining on the trademark.)**

**\$1.00**

**Trademark for "Alluette's"**

**(The debtor has not yet used the name to generate any income.  
She has approximately 7.5 years remaining on the trademark.)**

**\$1.00**

**27. Licenses, franchises, and other general intangibles**

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

No

Yes. Give specific information about them...

**Money or property owed to you?**

**Current value of the portion you own?  
Do not deduct secured claims or exemptions.**

**28. Tax refunds owed to you**

No

Yes. Give specific information about them, including whether you already filed the returns and the tax years.....

**2015 Anticipated Tax Refund**

**(The debtor does not anticipate a refund for the 2015 tax year. She generally does not receive a Federal refund and she owes State taxes.)**

**Federal and State**

**\$0.00**

Debtor 1 Alluette Karen Jones

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**29. Family support**

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

No

Yes. Give specific information.....

**30. Other amounts someone owes you**

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

No

Yes. Give specific information..

**31. Interests in insurance policies**

Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

No

Yes. Name the insurance company of each policy and list its value.

Company name:

Beneficiary:

Surrender or refund value:

Term Life Insurance Policy  
(on debtor's life)

Elfreda Smalls

\$1.00

Whole Life Insure Policy  
(CSV)  
(on daughter's life)

Alluette Jones

\$3,075.91

Term Life Insurance Policy  
(on brother's life)

Alluette Jones

\$1.00

**32. Any interest in property that is due you from someone who has died**

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

No

Yes. Give specific information..

**33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment**

Examples: Accidents, employment disputes, insurance claims, or rights to sue

No

Yes. Describe each claim.....

**34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims**

No

Yes. Describe each claim.....

**Potential Claim Against NBSC**

**(The debtor is informed and believes that she may have a claim against NBSC for an improper 2nd mortgage against her primary residence. The debtor is informed and believes that the debt is owed by Alluette's, Inc. is unsecured as to the debtor. She is currently seeking an attorney to represent her in this matter.)**

\$1.00

**35. Any financial assets you did not already list**

No

Yes. Give specific information..

**36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here.....**

\$7,268.15

Debtor 1 **Alluette Karen Jones**

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**Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.**

37. Do you own or have any legal or equitable interest in any business-related property?

No. Go to Part 6.  
 Yes. Go to line 38.

**Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.**  
If you own or have an interest in farmland, list it in Part 1.

46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?

No. Go to Part 7.  
 Yes. Go to line 47.

**Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above**

53. Do you have other property of any kind you did not already list?

Examples: Season tickets, country club membership

No  
 Yes. Give specific information.....

54. Add the dollar value of all of your entries from Part 7. Write that number here .....

**\$0.00**

**Part 8: List the Totals of Each Part of this Form**

55. Part 1: Total real estate, line 2 .....		<b>\$760,200.00</b>
56. Part 2: Total vehicles, line 5	<b>\$6,900.00</b>	
57. Part 3: Total personal and household items, line 15	<b>\$8,075.00</b>	
58. Part 4: Total financial assets, line 36	<b>\$7,268.15</b>	
59. Part 5: Total business-related property, line 45	<b>\$0.00</b>	
60. Part 6: Total farm- and fishing-related property, line 52	<b>\$0.00</b>	
61. Part 7: Total other property not listed, line 54	<b>\$0.00</b>	
62. Total personal property. Add lines 56 through 61...	<b>\$22,243.15</b>	Copy personal property total <b>\$22,243.15</b>
63. Total of all property on Schedule A/B. Add line 55 + line 62		<b>\$782,443.15</b>

Fill in this information to identify your case:

Debtor 1	<b>Alluette Karen Jones</b>		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <b>DISTRICT OF SOUTH CAROLINA</b>			
Case number (if known)	<b>16-00057</b>		

Check if this is an amended filing

## Official Form 106C

### Schedule C: The Property You Claim as Exempt

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

#### Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)  
 You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
142 Coming Street Charleston, SC 29403 Charleston County TMS#460-16-01-013 (The debtor purchased this home for \$35,000 in 1985. The debtor is informed and believes if she were to sell this property she could receive approximately \$420,000, based on the Line from <i>Schedule A/B</i> : 1.1	\$420,000.00	<input checked="" type="checkbox"/> \$58,225.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(1)
1999 Mazda Miata 91,907 miles VIN JM1NB3530X0122520  (There is no lien on this vehicle.) Line from <i>Schedule A/B</i> : 3.1	\$1,700.00	<input checked="" type="checkbox"/> \$5,825.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(2)

Debtor 1 <b>Alluette Karen Jones</b>	Case number (if known)	<b>16-00057</b>
<p><b>Brief description of the property and line on Schedule A/B that lists this property</b></p> <p>Current value of the portion you own</p> <p>Copy the value from Schedule A/B</p> <p><i>Check only one box for each exemption.</i></p>		
<b>Personal Items</b>	<b>\$7,775.00</b>	<input checked="" type="checkbox"/> <b>\$4,650.00</b>
<b>Kitchenware</b>		<input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit
<b>Stove</b>		
<b>Refrigerator</b>		
<b>Washing Machine</b>		
<b>Dryer</b>		
<b>Living Room Furniture</b>		
<b>Den Furniture</b>		
<b>Bedroom Furniture</b>		
<b>Dining Room Furniture</b>		
<b>Lawn Furniture</b>		
<b>Lawn Mower</b>		
<b>Stereo</b>		
<b>Yard Tools</b>		
<b>Computer</b>		
Line from Schedule A/B: <b>6.1</b>		
<b>Social Security (receives monthly)</b>	<b>\$980.00</b>	<input checked="" type="checkbox"/> <b>\$980.00</b>
Line from Schedule A/B: <b>23.1</b>		
<input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit		
<b>Term Life Insurance Policy (on debtor's life)</b>	<b>\$1.00</b>	<input checked="" type="checkbox"/> <b>\$1.00</b>
<b>Beneficiary: Elfreda Smalls</b>		
Line from Schedule A/B: <b>31.1</b>		
<input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit		
<b>Whole Life Insure Policy (CSV) (on daughter's life)</b>	<b>\$3,075.91</b>	<input checked="" type="checkbox"/> <b>\$3,075.91</b>
<b>Beneficiary: Alluette Jones</b>		
Line from Schedule A/B: <b>31.2</b>		
<input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit		
<b>Term Life Insurance Policy (on brother's life)</b>	<b>\$1.00</b>	<input checked="" type="checkbox"/> <b>\$1.00</b>
<b>Beneficiary: Alluette Jones</b>		
Line from Schedule A/B: <b>31.3</b>		
<input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit		
<b>S.C. Code Ann. § 15-41-30(A)(3)</b>		
<b>S.C. Code Ann. § 15-41-30(A)(11)(a)</b>		
<b>S.C. Code Ann. § 15-41-30(A)(8)</b>		
<b>S.C. Code Ann. § 15-41-30(A)(9)</b>		
<b>S.C. Code Ann. § 15-41-30(A)(8)</b>		

**3. Are you claiming a homestead exemption of more than \$155,675?**

(Subject to adjustment on 4/01/16 and every 3 years after that for cases filed on or after the date of adjustment.)

No

Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

No

Yes

Fill in this information to identify your case:

Debtor 1	<b>Alluette Karen Jones</b>		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <b>DISTRICT OF SOUTH CAROLINA</b>			
Case number (if known)	<b>16-00057</b>		

Check if this is an amended filing

**Official Form 106D**

**Schedule D: Creditors Who Have Claims Secured by Property**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.  
 Yes. Fill in all of the information below.

**Part 1: List All Secured Claims**

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

2.1	Creditor's Name	Describe the property that secures the claim:	Column A	Column B	Column C
			Amount of claim Do not deduct the value of collateral.	Value of collateral that supports this claim	Unsecured portion if any
2.1	<b>Green Planet Servicing</b>	<b>142 Coming Street Charleston, SC 29403 Charleston County TMS#460-16-01-013 (Est Arr. \$64,731.93; Res Feb 2016)</b>	<b>\$224,090.00</b>	<b>\$420,000.00</b>	<b>\$0.00</b>
		As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			

**Nature of lien.** Check all that apply.

An agreement you made (such as mortgage or secured car loan)  
 Statutory lien (such as tax lien, mechanic's lien)  
 Judgment lien from a lawsuit  
 Other (including a right to offset) \_\_\_\_\_

Date debt was incurred **7/27/06**

Last 4 digits of account number **7598**

2.2	Creditor's Name	Describe the property that secures the claim:	Column A	Column B	Column C
			Amount of claim Do not deduct the value of collateral.	Value of collateral that supports this claim	Unsecured portion if any
2.2	<b>NBSC Mortgage Loans</b>	<b>142 Coming Street Charleston, SC 29403 Charleston County TMS#460-16-01-013 (Debtor disputes this debt.)</b>	<b>\$105,000.00</b>	<b>\$420,000.00</b>	<b>\$0.00</b>
		As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed			

**Nature of lien.** Check all that apply.

An agreement you made (such as mortgage or secured car loan)  
 Statutory lien (such as tax lien, mechanic's lien)  
 Judgment lien from a lawsuit

**Who owes the debt?** Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim relates to a community debt

Debtor 1 <b>Alluette Karen Jones</b>	Case number (if known)	<b>16-00057</b>										
First Name	Middle Name	Last Name										
<input type="checkbox"/> Check if this claim relates to a community debt		<input checked="" type="checkbox"/> Other (including a right to offset)										
Date debt was incurred		Last 4 digits of account number										
<table border="1"> <tr> <td>2.3 <b>SC Department of Revenue</b> Creditor's Name</td> <td>Describe the property that secures the claim: <b>Sales Tax from Alluette's Inc.</b></td> <td><b>\$84,685.00</b></td> <td><b>\$84,685.00</b></td> <td><b>\$0.00</b></td> </tr> <tr> <td colspan="5"> <b>PO Box 12265</b>  <b>Columbia, SC 29211</b>  Number, Street, City, State &amp; Zip Code </td> </tr> </table>			2.3 <b>SC Department of Revenue</b> Creditor's Name	Describe the property that secures the claim: <b>Sales Tax from Alluette's Inc.</b>	<b>\$84,685.00</b>	<b>\$84,685.00</b>	<b>\$0.00</b>	<b>PO Box 12265</b> <b>Columbia, SC 29211</b> Number, Street, City, State & Zip Code				
2.3 <b>SC Department of Revenue</b> Creditor's Name	Describe the property that secures the claim: <b>Sales Tax from Alluette's Inc.</b>	<b>\$84,685.00</b>	<b>\$84,685.00</b>	<b>\$0.00</b>								
<b>PO Box 12265</b> <b>Columbia, SC 29211</b> Number, Street, City, State & Zip Code												
<b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed												
<b>Nature of lien.</b> Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input checked="" type="checkbox"/> Other (including a right to offset) <b>Tax Lien</b>												
Date debt was incurred <b>2015</b>		Last 4 digits of account number										

Add the dollar value of your entries in Column A on this page. Write that number here:

**\$413,775.00**

If this is the last page of your form, add the dollar value totals from all pages.

**\$413,775.00**

Write that number here:

#### **Part 2: List Others to Be Notified for a Debt That You Already Listed**

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

<input type="checkbox"/> Name Address	On which line in Part 1 did you enter the creditor?	<b>2.1</b>
<b>Clawson and Staubes, LLC</b> 126 Seven Farms Drive Ste 200 Charleston, SC 29492	Last 4 digits of account number	
<input type="checkbox"/> Name Address	On which line in Part 1 did you enter the creditor?	<b>2.2</b>
<b>Synovus</b> PO Box 120 Columbus, GA 31902	Last 4 digits of account number	

Fill in this information to identify your case:

Debtor 1	<b>Alluette Karen Jones</b>		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>DISTRICT OF SOUTH CAROLINA</u>			
Case number (if known)	<u>16-00057</u>		

Check if this is an amended filing

**Official Form 106E/F**

**Schedule E/F: Creditors Who Have Unsecured Claims**

**12/15**

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).

**Part 1: List All of Your PRIORITY Unsecured Claims**

1. Do any creditors have priority unsecured claims against you?

No. Go to Part 2.

Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

		Total claim	Priority amount	Nonpriority amount
2.1	<b>Charleston County Treasurer</b> Priority Creditor's Name <b>4045 Bridgeview Drive</b> <b>North Charleston, SC 29405</b> Number Street City State Zip Code	Last 4 digits of account number <u>7793</u>	<u>\$3,175.99</u>	<u>\$0.00</u> <u>\$3,175.99</u>
	Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply		
	<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent		
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated		
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed		
	<input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Domestic support obligations		
	<input type="checkbox"/> Check if this claim is for a community debt	<input checked="" type="checkbox"/> Taxes and certain other debts you owe the government		
	Is the claim subject to offset?	<input type="checkbox"/> Claims for death or personal injury while you were intoxicated		
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Other. Specify _____		
	<input type="checkbox"/> Yes			

Debtor 1 **Alluette Karen Jones**

Case number (if known)

**16-00057**

2.2	<b>Internal Revenue Service</b> Priority Creditor's Name <b>Centralized Insolvency Operations</b> <b>PO Box 7346</b> <b>Philadelphia, PA 19101-7346</b> Number Street City State Zip Code	Last 4 digits of account number	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
	<b>Who incurred the debt?</b> Check one.	When was the debt incurred?			
	<input checked="" type="checkbox"/> Debtor 1 only				
	<input type="checkbox"/> Debtor 2 only				
	<input type="checkbox"/> Debtor 1 and Debtor 2 only				
	<input type="checkbox"/> At least one of the debtors and another				
	<input type="checkbox"/> <b>Check if this claim is for a community debt</b>				
	<b>Is the claim subject to offset?</b>				
	<input checked="" type="checkbox"/> No				
	<input type="checkbox"/> Yes				
	<b>As of the date you file, the claim is:</b> Check all that apply				
	<input type="checkbox"/> Contingent				
	<input type="checkbox"/> Unliquidated				
	<input type="checkbox"/> Disputed				
	<b>Type of PRIORITY unsecured claim:</b>				
	<input type="checkbox"/> Domestic support obligations				
	<input checked="" type="checkbox"/> Taxes and certain other debts you owe the government				
	<input type="checkbox"/> Claims for death or personal injury while you were intoxicated				
	<input type="checkbox"/> Other. Specify _____				
	<b>Notice only</b>				
2.3	<b>Meredith Law Firm, LLC</b> Priority Creditor's Name <b>4000 Faber Place Drive</b> <b>Suite 120</b> <b>North Charleston, SC 29405</b> Number Street City State Zip Code	Last 4 digits of account number	<b>\$2,350.00</b>	<b>\$2,350.00</b>	<b>\$0.00</b>
	<b>Who incurred the debt?</b> Check one.	When was the debt incurred?			
	<input checked="" type="checkbox"/> Debtor 1 only				
	<input type="checkbox"/> Debtor 2 only				
	<input type="checkbox"/> Debtor 1 and Debtor 2 only				
	<input type="checkbox"/> At least one of the debtors and another				
	<input type="checkbox"/> <b>Check if this claim is for a community debt</b>				
	<b>Is the claim subject to offset?</b>				
	<input checked="" type="checkbox"/> No				
	<input type="checkbox"/> Yes				
	<b>As of the date you file, the claim is:</b> Check all that apply				
	<input type="checkbox"/> Contingent				
	<input type="checkbox"/> Unliquidated				
	<input type="checkbox"/> Disputed				
	<b>Type of PRIORITY unsecured claim:</b>				
	<input type="checkbox"/> Domestic support obligations				
	<input checked="" type="checkbox"/> Taxes and certain other debts you owe the government				
	<input type="checkbox"/> Claims for death or personal injury while you were intoxicated				
	<input type="checkbox"/> Other. Specify _____				
	<b>Attorney's Fees</b>				

**Part 2: List All of Your NONPRIORITY Unsecured Claims**

**3. Do any creditors have nonpriority unsecured claims against you?**

No. You have nothing to report in this part. Submit this form to the court with your other schedules.

Yes.

**4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.** If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

**Total claim**

Debtor 1	<b>Alluette Karen Jones</b>	Case number (if known)	<b>16-00057</b>
4.1	<p><b>Aargon Agency Inc</b> Nonpriority Creditor's Name <b>8668 Spring Mountain Rd</b> <b>Las Vegas, NV 89117</b> Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number</p> <p><b>1058</b></p> <p>When was the debt incurred?</p> <p><b>Opened 9/15/14</b></p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify _____</p>	<b>\$940.00</b>
4.2	<p><b>Aargon Agency Inc</b> Nonpriority Creditor's Name <b>8668 Spring Mountain Rd</b> <b>Las Vegas, NV 89117</b> Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number</p> <p><b>4878</b></p> <p>When was the debt incurred?</p> <p><b>Opened 10/06/14</b></p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify _____</p>	<b>\$496.00</b>
4.3	<p><b>Aargon Agency Inc</b> Nonpriority Creditor's Name <b>8668 Spring Mountain Rd</b> <b>Las Vegas, NV 89117</b> Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number</p> <p><b>3765</b></p> <p>When was the debt incurred?</p> <p><b>Opened 4/21/14</b></p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify _____</p>	<b>\$402.00</b>

Debtor 1	<b>Alluette Karen Jones</b>	Case number (if known)	<b>16-00057</b>
4.4	<b>Aargon Agency Inc</b> Nonpriority Creditor's Name <b>8668 Spring Mountain Rd</b> <b>Las Vegas, NV 89117</b> Number Street City State Zip Code	Last 4 digits of account number <b>3094</b> When was the debt incurred? <b>Opened 4/22/14</b>	<b>\$247.00</b>
<b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
<b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____			
4.5	<b>Aargon Agency Inc</b> Nonpriority Creditor's Name <b>8668 Spring Mountain Rd</b> <b>Las Vegas, NV 89117</b> Number Street City State Zip Code	Last 4 digits of account number <b>4206</b> When was the debt incurred? <b>Opened 8/21/15</b>	<b>\$138.00</b>
<b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
<b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____			
4.6	<b>Aargon Agency Inc</b> Nonpriority Creditor's Name <b>8668 Spring Mountain Rd</b> <b>Las Vegas, NV 89117</b> Number Street City State Zip Code	Last 4 digits of account number <b>3699</b> When was the debt incurred? <b>Opened 4/08/15</b>	<b>\$380.00</b>
<b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
<b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____			

Debtor 1	<b>Alluette Karen Jones</b>	Case number (if known)	<b>16-00057</b>
4.7	<p><b>Aargon Agency Inc</b> Nonpriority Creditor's Name <b>8668 Spring Mountain Rd</b> <b>Las Vegas, NV 89117</b> Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number</p> <p><b>6523</b></p> <p>When was the debt incurred?</p> <p><b>Opened 2/09/15</b></p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify _____</p>	<b>\$111.00</b>
4.8	<p><b>Aargon Agency Inc</b> Nonpriority Creditor's Name <b>8668 Spring Mountain Rd</b> <b>Las Vegas, NV 89117</b> Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number</p> <p><b>0395</b></p> <p>When was the debt incurred?</p> <p><b>Opened 9/08/14</b></p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify _____</p>	<b>\$40.00</b>
4.9	<p><b>Aargon Agency Inc</b> Nonpriority Creditor's Name <b>8668 Spring Mountain Rd</b> <b>Las Vegas, NV 89117</b> Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number</p> <p><b>9086</b></p> <p>When was the debt incurred?</p> <p><b>Opened 6/30/14</b></p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify _____</p>	<b>\$415.00</b>

Debtor 1	<b>Alluette Karen Jones</b>	Case number (if known)	<b>16-00057</b>
4.10	<b>Aargon Agency Inc</b> Nonpriority Creditor's Name <b>8668 Spring Mountain Rd</b> <b>Las Vegas, NV 89117</b> Number Street City State Zip Code	Last 4 digits of account number <b>9685</b> When was the debt incurred? <b>Opened 6/02/14</b>	<b>\$348.00</b>
<b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
<b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____			
4.11	<b>Aargon Agency Inc</b> Nonpriority Creditor's Name <b>8668 Spring Mountain Rd</b> <b>Las Vegas, NV 89117</b> Number Street City State Zip Code	Last 4 digits of account number <b>0133</b> When was the debt incurred? <b>Opened 6/02/14</b>	<b>\$39.00</b>
<b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
<b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____			
4.12	<b>Aargon Agency Inc</b> Nonpriority Creditor's Name <b>8668 Spring Mountain Rd</b> <b>Las Vegas, NV 89117</b> Number Street City State Zip Code	Last 4 digits of account number <b>3733</b> When was the debt incurred? <b>Opened 8/04/14</b>	<b>\$30.00</b>
<b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
<b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____			

Debtor 1	<b>Alluette Karen Jones</b>	Case number (if known)	<b>16-00057</b>
4.13	<p><b>Aargon Agency Inc</b> Nonpriority Creditor's Name <b>8668 Spring Mountain Rd</b> <b>Las Vegas, NV 89117</b> Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number</p> <p><b>5700</b></p> <p>When was the debt incurred?</p> <p><b>Opened 2/02/15</b></p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify _____</p>	<b>\$281.00</b>
4.14	<p><b>AFNI</b> Nonpriority Creditor's Name <b>PO Box 3427</b> <b>Bloomington, IL 61702</b> Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number</p> <p>_____</p> <p>When was the debt incurred?</p> <p>_____</p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify _____</p>	<b>\$392.90</b>
4.15	<p><b>Berkeley County Tax Collector</b> Nonpriority Creditor's Name <b>PO Box 6122</b> <b>Moncks Corner, SC 29461-6120</b> Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number</p> <p>_____</p> <p>When was the debt incurred?</p> <p>_____</p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify _____</p>	<b>\$0.00</b>

Debtor 1	<b>Alluette Karen Jones</b>	Case number (if known)	<b>16-00057</b>
4.16	<b>Central Financial Control</b> Nonpriority Creditor's Name <b>P.O. Box 66044</b> <b>Anaheim, CA 92816</b> Number Street City State Zip Code	Last 4 digits of account number <b>3793</b>	<b>\$2,302.00</b>
		When was the debt incurred?	<b>Opened 1/14/14 Last Active 7/03/14</b>
		As of the date you file, the claim is: Check all that apply	
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
		Type of NONPRIORITY unsecured claim:	
		<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
		<input type="checkbox"/> Other. Specify _____	
4.17	<b>Datatrac Receivables</b> Nonpriority Creditor's Name <b>P.O. Box 3699 109 Edgebrook Drive</b> <b>Anderson, SC 29622</b> Number Street City State Zip Code	Last 4 digits of account number <b>1361</b>	<b>\$88.00</b>
		When was the debt incurred?	<b>Opened 9/01/14 Last Active 5/01/14</b>
		As of the date you file, the claim is: Check all that apply	
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
		Type of NONPRIORITY unsecured claim:	
		<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
		<input type="checkbox"/> Other. Specify <b>Government Secured Direct Loan Anesthesia Asso</b>	
4.18	<b>Jefferson Capital Systems</b> Nonpriority Creditor's Name <b>PO Box 7999</b> <b>Saint Cloud, MN 56302</b> Number Street City State Zip Code	Last 4 digits of account number _____	<b>\$402.70</b>
		When was the debt incurred?	_____
		As of the date you file, the claim is: Check all that apply	
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
		Type of NONPRIORITY unsecured claim:	
		<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
		<input type="checkbox"/> Other. Specify _____	

Debtor 1	<b>Alluette Karen Jones</b>	Case number (if known)	<b>16-00057</b>
4.19	<b>Medical Data Systems</b> Nonpriority Creditor's Name <b>2001 9th Avenue</b> <b>Vero Beach, FL 32960</b> Number Street City State Zip Code	Last 4 digits of account number <b>0068</b>	<b>\$1,662.00</b>
		When was the debt incurred?	<b>Opened 6/08/15 Last Active 5/01/14</b>
		As of the date you file, the claim is: Check all that apply	
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
		Type of NONPRIORITY unsecured claim:	
		<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
		<input type="checkbox"/> Other. Specify _____	
4.20	<b>MUSC Health</b> Nonpriority Creditor's Name <b>PO Box 931736</b> <b>Atlanta, GA 31193</b> Number Street City State Zip Code	Last 4 digits of account number <b>8149</b>	<b>\$2,939.61</b>
		When was the debt incurred?	_____
		As of the date you file, the claim is: Check all that apply	
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
		Type of NONPRIORITY unsecured claim:	
		<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
		<input type="checkbox"/> Other. Specify _____	
4.21	<b>MUSC Health</b> Nonpriority Creditor's Name <b>PO Box 931736</b> <b>Atlanta, GA 31193</b> Number Street City State Zip Code	Last 4 digits of account number <b>8149</b>	<b>\$3,907.06</b>
		When was the debt incurred?	_____
		As of the date you file, the claim is: Check all that apply	
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
		Type of NONPRIORITY unsecured claim:	
		<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
		<input type="checkbox"/> Other. Specify _____	

Debtor 1	<b>Alluette Karen Jones</b>	Case number (if known)	<b>16-00057</b>
4.22	<p><b>Newby Sartip Masel &amp; Casper</b>            Nonpriority Creditor's Name  <b>PO Box 808</b>  <b>Myrtle Beach, SC 29578</b>            Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number</p> <p><b>6596</b></p> <p>When was the debt incurred?</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify _____</p>	<b>\$194.99</b>
4.23	<p><b>Newby Sartip Masel &amp; Casper</b>            Nonpriority Creditor's Name  <b>PO Box 808</b>  <b>Myrtle Beach, SC 29578</b>            Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number</p> <p><b>6665</b></p> <p>When was the debt incurred?</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify _____</p>	<b>\$14.77</b>
4.24	<p><b>Resurgent Capital Services, LLP</b>            Nonpriority Creditor's Name  <b>PO Box 10587</b>  <b>Greenville, SC 29603</b>            Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number</p> <p>When was the debt incurred?</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify _____</p>	<b>\$1,745.56</b>

Debtor 1	Alluette Karen Jones	Case number (if known)	16-00057
4.25	South Carolina Federal Credit Union Nonpriority Creditor's Name	Last 4 digits of account number	4235
	PO Box 190012 North Charleston, SC 29419 Number Street City State Zip Code	When was the debt incurred?	Opened 7/02/08 Last Active 9/30/14
	Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
	<input type="checkbox"/> At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans	
	Is the claim subject to offset?	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify _____	

**Part 3: List Others to Be Notified About a Debt That You Already Listed**

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Name and Address <b>MUSC Physicians</b> 1 Poston Road Suite 350 Charleston, SC 29407-3431	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.22</u> of (Check one):	<input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
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Name and Address <b>MUSC Physicians</b> 1 Poston Road Suite 350 Charleston, SC 29407-3431	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.23</u> of (Check one):	<input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
---	--	--

**Part 4: Add the Amounts for Each Type of Unsecured Claim**

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

<b>Total claims from Part 1</b>	6a. Domestic support obligations	6a. \$ <b>0.00</b>
	6b. Taxes and certain other debts you owe the government	6b. \$ <b>5,525.99</b>
	6c. Claims for death or personal injury while you were intoxicated	6c. \$ <b>0.00</b>
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d. \$ <b>0.00</b>
<b>Total claims from Part 2</b>	6e. Total. Add lines 6a through 6d.	6e. \$ <b>5,525.99</b>
	6f. Student loans	6f. \$ <b>0.00</b>
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g. \$ <b>0.00</b>
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h. \$ <b>0.00</b>
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. \$ <b>19,383.59</b>
	6j. Total. Add lines 6f through 6i.	6j. \$ <b>19,383.59</b>

Fill in this information to identify your case:

Debtor 1	<b>Alluette Karen Jones</b>		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <b>DISTRICT OF SOUTH CAROLINA</b>			
Case number (if known)	<b>16-00057</b>		

Check if this is an amended filing

**Official Form 106G**

**Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

**1. Do you have any executory contracts or unexpired leases?**

No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.  
 Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B:Property* (Official Form 106 A/B).

**2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.**

<b>Person or company with whom you have the contract or lease</b> Name, Number, Street, City, State and ZIP Code			<b>State what the contract or lease is for</b>
2.1	 Name  Number Street  City State ZIP Code		
2.2	 Name  Number Street  City State ZIP Code		
2.3	 Name  Number Street  City State ZIP Code		
2.4	 Name  Number Street  City State ZIP Code		
2.5	 Name  Number Street  City State ZIP Code		

Fill in this information to identify your case:

Debtor 1	<b>Alluette Karen Jones</b>		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>DISTRICT OF SOUTH CAROLINA</u>			
Case number (if known)	<u>16-00057</u>		

Check if this is an amended filing

## Official Form 106H Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

No  
 Yes

2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

No. Go to line 3.  
 Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

**Column 1: Your codebtor**  
Name, Number, Street, City, State and ZIP Code

**Column 2: The creditor to whom you owe the debt**  
Check all schedules that apply:

**3.1**

Name \_\_\_\_\_

Schedule D, line \_\_\_\_\_  
 Schedule E/F, line \_\_\_\_\_  
 Schedule G, line \_\_\_\_\_

Number \_\_\_\_\_ Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

**3.2**

Name \_\_\_\_\_

Schedule D, line \_\_\_\_\_  
 Schedule E/F, line \_\_\_\_\_  
 Schedule G, line \_\_\_\_\_

Number \_\_\_\_\_ Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Fill in this information to identify your case:

Debtor 1	<b>Alluette Karen Jones</b>
Debtor 2 (Spouse, if filing)	
United States Bankruptcy Court for the:	<u>DISTRICT OF SOUTH CAROLINA</u>
Case number (If known)	<u>16-00057</u>

Check if this is:

An amended filing  
 A supplement showing postpetition chapter 13 income as of the following date:  
MM / DD / YYYY

## Official Form 106I

12/15

### Schedule I: Your Income

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

	Debtor 1	Debtor 2 or non-filing spouse
Employment status	<input checked="" type="checkbox"/> Employed <input type="checkbox"/> Not employed	<input type="checkbox"/> Employed <input type="checkbox"/> Not employed
Occupation	<b>Timeshare Sales</b>	
Employer's name	<b>Spinaker Resorts</b>	
Employer's address	<b>195 Summit Dr Branson, MO 65616</b>	

How long employed there? **Start Date: 2/3/16**

#### Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2. \$ <b>4,800.00</b>	\$ <b>N/A</b>
3. Estimate and list monthly overtime pay.	3. +\$ <b>0.00</b>	+\$ <b>N/A</b>
4. Calculate gross income. Add line 2 + line 3.	4. \$ <b>4,800.00</b>	\$ <b>N/A</b>

Debtor 1 **Alluette Karen Jones**

Case number (if known) **16-00057**

	<b>For Debtor 1</b>	<b>For Debtor 2 or non-filing spouse</b>
<b>Copy line 4 here</b>	4. \$ <b>4,800.00</b>	\$ <b>N/A</b>
<b>5. List all payroll deductions:</b>		
5a. <b>Tax, Medicare, and Social Security deductions</b>	5a. \$ <b>1,200.00</b>	\$ <b>N/A</b>
5b. <b>Mandatory contributions for retirement plans</b>	5b. \$ <b>0.00</b>	\$ <b>N/A</b>
5c. <b>Voluntary contributions for retirement plans</b>	5c. \$ <b>0.00</b>	\$ <b>N/A</b>
5d. <b>Required repayments of retirement fund loans</b>	5d. \$ <b>0.00</b>	\$ <b>N/A</b>
5e. <b>Insurance</b>	5e. \$ <b>0.00</b>	\$ <b>N/A</b>
5f. <b>Domestic support obligations</b>	5f. \$ <b>0.00</b>	\$ <b>N/A</b>
5g. <b>Union dues</b>	5g. \$ <b>0.00</b>	\$ <b>N/A</b>
5h. <b>Other deductions. Specify:</b> _____	5h.+ \$ <b>0.00</b>	+ \$ <b>N/A</b>
<b>6. Add the payroll deductions.</b> Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6. \$ <b>1,200.00</b>	\$ <b>N/A</b>
<b>7. Calculate total monthly take-home pay.</b> Subtract line 6 from line 4.	7. \$ <b>3,600.00</b>	\$ <b>N/A</b>
<b>8. List all other income regularly received:</b>		
8a. <b>Net income from rental property and from operating a business, profession, or farm</b> Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ <b>0.00</b>	\$ <b>N/A</b>
8b. <b>Interest and dividends</b>	8b. \$ <b>0.00</b>	\$ <b>N/A</b>
8c. <b>Family support payments that you, a non-filing spouse, or a dependent regularly receive</b> Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ <b>0.00</b>	\$ <b>N/A</b>
8d. <b>Unemployment compensation</b>	8d. \$ <b>0.00</b>	\$ <b>N/A</b>
8e. <b>Social Security</b>	8e. \$ <b>980.00</b>	\$ <b>N/A</b>
8f. <b>Other government assistance that you regularly receive</b> Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: _____	8f. \$ <b>0.00</b>	\$ <b>N/A</b>
8g. <b>Pension or retirement income</b>	8g. \$ <b>0.00</b>	\$ <b>N/A</b>
8h. <b>Other monthly income.</b> Specify: <u>Rental Contribution from Friend</u>	8h.+ \$ <b>500.00</b>	+ \$ <b>N/A</b>
<b>9. Add all other income.</b> Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9. \$ <b>1,480.00</b>	\$ <b>N/A</b>
<b>10. Calculate monthly income.</b> Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$ <b>5,080.00</b>	+ \$ <b>N/A</b> = \$ <b>5,080.00</b>
<b>11. State all other regular contributions to the expenses that you list in Schedule J.</b> Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: _____	11. +\$ <b>0.00</b>	
<b>12. Add the amount in the last column of line 10 to the amount in line 11.</b> The result is the combined monthly income. Write that amount on the <i>Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data</i> , if it applies	12. \$ <b>5,080.00</b>	
<b>13. Do you expect an increase or decrease within the year after you file this form?</b>		
<input checked="" type="checkbox"/> No.		
<input type="checkbox"/> Yes. Explain: <span style="border: 1px solid black; padding: 5px;">The debtor left her job with Dan Vaden Chevrolet, Inc. in order to start her new job at Spinaker Resorts in February 2016. Her income is based on anticipated 8% commission per \$30,000 unit sold. The debtor anticipates selling approximately 2 units per month. The debtor will fund the increase in her payment with the sale of real property. The debtor does not anticipate an increase or decrease in her income of 10% or more at this time.</span>		

Fill in this information to identify your case:

Debtor 1	<b>Alluette Karen Jones</b>
Debtor 2 (Spouse, if filing)	
United States Bankruptcy Court for the:	<b>DISTRICT OF SOUTH CAROLINA</b>
Case number (If known)	<b>16-00057</b>

Check if this is:

An amended filing  
 A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

## Official Form 106J

### Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Your Household

##### 1. Is this a joint case?

No. Go to line 2.

Yes. Does Debtor 2 live in a separate household?

No

Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2.

##### 2. Do you have dependents? No

Do not list Debtor 1 and Debtor 2.

Yes. Fill out this information for each dependent.....

Do not state the dependents names.

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

No  
 Yes  
 No  
 Yes  
 No  
 Yes  
 No  
 Yes

##### 3. Do your expenses include expenses of people other than yourself and your dependents? No Yes

#### Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106I.)

#### Your expenses

##### 4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ **1,990.00**

If not included in line 4:

4a. Real estate taxes  
4b. Property, homeowner's, or renter's insurance  
4c. Home maintenance, repair, and upkeep expenses  
4d. Homeowner's association or condominium dues  
5. Additional mortgage payments for your residence, such as home equity loans

4a. \$ **0.00**  
4b. \$ **0.00**  
4c. \$ **0.00**  
4d. \$ **0.00**  
5. \$ **0.00**

Debtor 1 <u>Alluette Karen Jones</u>	Case number (if known)	<u>16-00057</u>
<b>6. Utilities:</b>		
6a. Electricity, heat, natural gas	6a. \$	<u>0.00</u>
6b. Water, sewer, garbage collection	6b. \$	<u>0.00</u>
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$	<u>80.00</u>
6d. Other. Specify:	6d. \$	<u>0.00</u>
<b>7. Food and housekeeping supplies</b>	7. \$	<u>250.00</u>
<b>8. Childcare and children's education costs</b>	8. \$	<u>0.00</u>
<b>9. Clothing, laundry, and dry cleaning</b>	9. \$	<u>100.00</u>
<b>10. Personal care products and services</b>	10. \$	<u>80.00</u>
<b>11. Medical and dental expenses</b>	11. \$	<u>150.00</u>
<b>12. Transportation.</b> Include gas, maintenance, bus or train fare. Do not include car payments.	12. \$	<u>250.00</u>
<b>13. Entertainment, clubs, recreation, newspapers, magazines, and books</b>	13. \$	<u>100.00</u>
<b>14. Charitable contributions and religious donations</b>	14. \$	<u>0.00</u>
<b>15. Insurance.</b> Do not include insurance deducted from your pay or included in lines 4 or 20.		
15a. Life insurance	15a. \$	<u>150.00</u>
15b. Health insurance	15b. \$	<u>0.00</u>
15c. Vehicle insurance	15c. \$	<u>100.00</u>
15d. Other insurance. Specify:	15d. \$	<u>0.00</u>
<b>16. Taxes.</b> Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: <u>Real Property Taxes</u> Specify: <u>Personal Property Taxes</u>	16. \$	<u>233.33</u>
		<u>40.00</u>
<b>17. Installment or lease payments:</b>		
17a. Car payments for Vehicle 1	17a. \$	<u>0.00</u>
17b. Car payments for Vehicle 2	17b. \$	<u>0.00</u>
17c. Other. Specify:	17c. \$	<u>0.00</u>
17d. Other. Specify:	17d. \$	<u>0.00</u>
<b>18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).</b>	18. \$	<u>0.00</u>
<b>19. Other payments you make to support others who do not live with you.</b> Specify:	19. \$	<u>0.00</u>
<b>20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.</b>		
20a. Mortgages on other property	20a. \$	<u>0.00</u>
20b. Real estate taxes	20b. \$	<u>0.00</u>
20c. Property, homeowner's, or renter's insurance	20c. \$	<u>0.00</u>
20d. Maintenance, repair, and upkeep expenses	20d. \$	<u>0.00</u>
20e. Homeowner's association or condominium dues	20e. \$	<u>0.00</u>
<b>21. Other:</b> Specify:	21. +\$	<u>0.00</u>
<b>22. Calculate your monthly expenses</b>	<u>3,523.33</u>	
22a. Add lines 4 through 21.	\$	<u>3,523.33</u>
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	\$	<u>3,523.33</u>
22c. Add line 22a and 22b. The result is your monthly expenses.	\$	<u>3,523.33</u>
<b>23. Calculate your monthly net income.</b>	<u>1,556.67</u>	
23a. Copy line 12 (your combined monthly income) from Schedule I.	23a. \$	<u>5,080.00</u>
23b. Copy your monthly expenses from line 22c above.	23b. -\$	<u>3,523.33</u>
23c. Subtract your monthly expenses from your monthly income. The result is your monthly net income.	23c. \$	<u>1,556.67</u>
<b>24. Do you expect an increase or decrease in your expenses within the year after you file this form?</b> For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?		
<input checked="" type="checkbox"/> No.		
<input type="checkbox"/> Yes.	<b>Explain here: The debtor's friend resides with her and pays the utilities in addition to his \$500 per month contribution. The debtor will fund the increase in her monthly payment with the sale of real property. The debtor does not anticipate any other increase or decrease in her expenditures of 10% or more at this time.</b>	

Fill in this information to identify your case:

Debtor 1	<b>Alluette Karen Jones</b>		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>DISTRICT OF SOUTH CAROLINA</u>		
Case number (if known)	<u>16-00057</u>		

Check if this is an amended filing

Official Form 106Dec

## Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

No

Yes. Name of person

Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119)

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X /s/ Alluette Karen Jones

Alluette Karen Jones

Signature of Debtor 1

Date January 28, 2016

X

Signature of Debtor 2

Date

Fill in this information to identify your case:

Debtor 1	<b>Alluette Karen Jones</b>	
	First Name	Middle Name
Debtor 2		
(Spouse if, filing)	First Name	Middle Name
United States Bankruptcy Court for the:	DISTRICT OF SOUTH CAROLINA	
Case number	<b>16-00057</b>	
(if known)		

Check if this is an amended filing

## Official Form 107

### Statement of Financial Affairs for Individuals Filing for Bankruptcy

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Give Details About Your Marital Status and Where You Lived Before

1. What is your current marital status?

Married  
 Not married

2. During the last 3 years, have you lived anywhere other than where you live now?

No  
 Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor 1 Prior Address:

Dates Debtor 1  
lived there

Debtor 2 Prior Address:

Dates Debtor 2  
lived there

3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin.)

No  
 Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H).

#### Part 2 Explain the Sources of Your Income

4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

No  
 Yes. Fill in the details.

Debtor 1	Debtor 2
Sources of income Check all that apply.	Sources of income Check all that apply.
Gross income (before deductions and exclusions)	Gross income (before deductions and exclusions)
From January 1 of current year until the date you filed for bankruptcy:	
<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips	<input type="checkbox"/> Wages, commissions, bonuses, tips
<input type="checkbox"/> Operating a business	<input type="checkbox"/> Operating a business
	<b>\$466.67</b>

Debtor 1 Alluette Karen Jones

Case number (if known) 16-00057

Debtor 1		Debtor 2	
For last calendar year: (January 1 to December 31, 2015 )	Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.
	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	<b>\$17,812.38</b>	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business
For the calendar year before that: (January 1 to December 31, 2014 )	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	<b>\$10,415.00</b>	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business

**5. Did you receive any other income during this year or the two previous calendar years?**

Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

No  
 Yes. Fill in the details.

Debtor 1		Debtor 2	
Sources of income Describe below..	Gross income (before deductions and exclusions)	Sources of income Describe below.	Gross income (before deductions and exclusions)
From January 1 of current year until the date you filed for bankruptcy:	<b>Social Security Income</b>	<b>\$980.00</b>	
	<b>Rental Income from Friend</b>	<b>\$500.00</b>	
For last calendar year: (January 1 to December 31, 2015 )	<b>Social Security Income</b>	<b>\$11,760.00</b>	
	<b>Rental Income from Friend</b>	<b>\$6,000.00</b>	
For the calendar year before that: (January 1 to December 31, 2014 )	<b>Social Security Income</b>	<b>\$4,820.00</b>	
	<b>Rental Income from Friend</b>	<b>\$6,000.00</b>	

**Part 3: List Certain Payments You Made Before You Filed for Bankruptcy**

**6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?**

No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,225\* or more?

No. Go to line 7.  
 Yes. List below each creditor to whom you paid a total of \$6,225\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

\* Subject to adjustment on 4/01/16 and every 3 years after that for cases filed on or after the date of adjustment.

Debtor 1 Alluette Karen Jones

Case number (if known) 16-00057

Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

No. Go to line 7.

Yes List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

Creditor's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Was this payment for ...
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7. **Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?**

*Insiders* include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

No

Yes. List all payments to an insider

Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
----------------------------	------------------	-------------------	----------------------	-------------------------

8. **Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?**

Include payments on debts guaranteed or cosigned by an insider.

No

Yes. List all payments to an insider

Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
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**Part 4: Identify Legal Actions, Repossessions, and Foreclosures**

9. **Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?**

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

No

Yes. Fill in the details.

Case title Case number	Nature of the case	Court or agency	Status of the case
SRP 2011-6, LLC, vs. Alluette K. Jones, Synovus Bank, the South Carolina Dept of Revenue, and Historic Charleston Foundation, 2014-CP-10-07602	Foreclosure	Court of Common Please 100 Broad Street #106 Charleston, SC 29401	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

10. **Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?**

Check all that apply and fill in the details below.

No

Yes. Fill in the information below.

Creditor Name and Address	Describe the Property	Date	Value of the property
	Explain what happened		

Debtor 1 Alluette Karen Jones

Case number (if known) 16-00057

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

No  
 Yes. Fill in the details.

Creditor Name and Address	Describe the action the creditor took	Date action was taken	Amount
---------------------------	---------------------------------------	-----------------------	--------

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

No  
 Yes

#### **Part 5: List Certain Gifts and Contributions**

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

No  
 Yes. Fill in the details for each gift.

Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value
Person to Whom You Gave the Gift and Address:			

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

No  
 Yes. Fill in the details for each gift or contribution.

Gifts or contributions to charities that total more than \$600	Charity's Name	Address (Number, Street, City, State and ZIP Code)	Describe what you contributed	Dates you contributed	Value
--	----------------	--	-------------------------------	-----------------------	-------

#### **Part 6: List Certain Losses**

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

No  
 Yes. Fill in the details.

Describe the property you lost and how the loss occurred	Describe any insurance coverage for the loss	Date of your loss	Value of property lost
	Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.		

#### **Part 7: List Certain Payments or Transfers**

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

No  
 Yes. Fill in the details.

Person Who Was Paid	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Address Email or website address Person Who Made the Payment, if Not You			
Meredith Law Firm, LLC 4000 Faber Place Drive Suite 120 North Charleston, SC 29405	Attorney's Fees: \$1,150 Filing Fee: \$350 Credit Report: \$40	January 2016	\$1,500.00

Debtor 1 Alluette Karen Jones

Case number (if known) 16-00057

Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You CC Advising	Description and value of any property transferred Credit Counseling: \$50	Date payment or transfer was made January 2016	Amount of payment \$50.00
--	--	---	------------------------------

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?  
Do not include any payment or transfer that you listed on line 16.

No  
 Yes. Fill in the details.

Person Who Was Paid Address	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
--------------------------------	---	-----------------------------------	-------------------

18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?  
Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

No  
 Yes. Fill in the details.

Person Who Received Transfer Address	Description and value of property transferred	Describe any property or payments received or debts paid in exchange	Date transfer was made
Person's relationship to you			

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)

No  
 Yes. Fill in the details.

Name of trust	Description and value of the property transferred	Date Transfer was made
---------------	---	------------------------

**Part 8: List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units**

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?  
Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

No  
 Yes. Fill in the details.

Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
--	---------------------------------	-------------------------------	--	---

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

No  
 Yes. Fill in the details.

Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?
--	---	-----------------------	-----------------------

Debtor 1 Alluette Karen Jones

Case number (if known) 16-00057

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy

No  
 Yes. Fill in the details.

Name of Storage Facility  
 Address (Number, Street, City, State and ZIP Code)

Who else has or had access to it?  
 Address (Number, Street, City, State and ZIP Code)

Describe the contents

Do you still have it?

**Part 9: Identify Property You Hold or Control for Someone Else**

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

No  
 Yes. Fill in the details.

Owner's Name  
 Address (Number, Street, City, State and ZIP Code)

Where is the property?  
 (Number, Street, City, State and ZIP Code)

Describe the property

Value

**Part 10: Give Details About Environmental Information**

For the purpose of Part 10, the following definitions apply:

**Environmental law** means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.

**Site** means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.

**Hazardous material** means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

No  
 Yes. Fill in the details.

Name of site  
 Address (Number, Street, City, State and ZIP Code)

Governmental unit  
 Address (Number, Street, City, State and ZIP Code)

Environmental law, if you know it

Date of notice

25. Have you notified any governmental unit of any release of hazardous material?

No  
 Yes. Fill in the details.

Name of site  
 Address (Number, Street, City, State and ZIP Code)

Governmental unit  
 Address (Number, Street, City, State and ZIP Code)

Environmental law, if you know it

Date of notice

26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

No  
 Yes. Fill in the details.

Case Title  
 Case Number

Court or agency  
 Name  
 Address (Number, Street, City, State and ZIP Code)

Nature of the case

Status of the case

**Part 11: Give Details About Your Business or Connections to Any Business**

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time  
 A member of a limited liability company (LLC) or limited liability partnership (LLP)

Debtor 1 Alluette Karen Jones

Case number (if known) 16-00057

A partner in a partnership  
 An officer, director, or managing executive of a corporation  
 An owner of at least 5% of the voting or equity securities of a corporation  
 No. None of the above applies. Go to Part 12.  
 Yes. Check all that apply above and fill in the details below for each business.

Business Name Address (Number, Street, City, State and ZIP Code)	Describe the nature of the business Name of accountant or bookkeeper	Employer Identification number Do not include Social Security number or ITIN.
Alluette's, Inc. 142 Coming Street Charleston, SC 29403	d/b/a Alluette's Cafe Alluette's Jazz Bar (Restaurant/Bar) (no assets remain)	Dates business existed EIN: 47-0940002 From-To 2007 - 2014
N/A		

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

No  
 Yes. Fill in the details below.

Name Address (Number, Street, City, State and ZIP Code)	Date Issued
---	-------------

**Part 12: Sign Below**

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.  
18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ Alluette Karen Jones

Alluette Karen Jones  
Signature of Debtor 1

Signature of Debtor 2

Date January 28, 2016

Date \_\_\_\_\_

Did you attach additional pages to *Your Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?

No  
 Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

No  
 Yes. Name of Person \_\_\_\_\_. Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Fill in this information to identify your case:

Debtor 1	<b>Alluette Karen Jones</b>
Debtor 2 (Spouse, if filing)	
United States Bankruptcy Court for the:	District of South Carolina
Case number (if known)	<b>16-00057</b>

Check as directed in lines 17 and 21:

According to the calculations required by this Statement:

- 1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3).
- 2. Disposable income is determined under 11 U.S.C. § 1325(b)(3).
- 3. The commitment period is 3 years.
- 4. The commitment period is 5 years.

Check if this is an amended filing

## Official Form 122C-1

### Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

#### Part 1: Calculate Your Average Monthly Income

1. **What is your marital and filing status?** Check one only.

**Not married.** Fill out Column A, lines 2-11.

**Married.** Fill out both Columns A and B, lines 2-11.

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

	Column A Debtor 1	Column B Debtor 2 or non-filing spouse
2. <b>Your gross wages, salary, tips, bonuses, overtime, and commissions</b> (before all payroll deductions).	\$ <u>2,968.73</u>	\$ <u>0.00</u>
3. <b>Alimony and maintenance payments.</b> Do not include payments from a spouse if Column B is filled in.	\$ <u>0.00</u>	\$ <u>0.00</u>
4. <b>All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support.</b> Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3.	\$ <u>0.00</u>	\$ <u>0.00</u>
5. <b>Net income from operating a business, profession, or farm</b>	Debtor 1	
Gross receipts (before all deductions)	\$ <u>0.00</u>	
Ordinary and necessary operating expenses	-\$ <u>0.00</u>	
Net monthly income from a business, profession, or farm	\$ <u>0.00</u>	Copy here -> \$ <u>0.00</u>
6. <b>Net income from rental and other real property</b>	Debtor 1	
Gross receipts (before all deductions)	\$ <u>0.00</u>	
Ordinary and necessary operating expenses	-\$ <u>0.00</u>	
Net monthly income from rental or other real property	\$ <u>0.00</u>	Copy here -> \$ <u>0.00</u>



Debtor 1 Alluette Karen Jones

Case number (if known)

**16-00057**

**16. Calculate the median family income that applies to you.** Follow these steps:

16a. Fill in the state in which you live.

**SC**

16b. Fill in the number of people in your household.

**2**

16c. Fill in the median family income for your state and size of household.

\$ **52,659.00**

To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

**17. How do the lines compare?**

17a.  Line 15b is less than or equal to line 16c. On the top of page 1 of this form, check box 1, *Disposable income is not determined under 11 U.S.C. § 1325(b)(3)*. **Go to Part 3.** Do NOT fill out *Calculation of Your Disposable Income* (Official Form 122C-2).

17b.  Line 15b is more than line 16c. On the top of page 1 of this form, check box 2, *Disposable income is determined under 11 U.S.C. § 1325(b)(3)*. **Go to Part 3 and fill out Calculation of Your Disposable Income (Official Form 122C-2).** On line 39 of that form, copy your current monthly income from line 14 above.

**Part 3: Calculate Your Commitment Period Under 11 U.S.C. § 1325(b)(4)**

18. **Copy your total average monthly income from line 11 .** \$ **3,468.73**

19. **Deduct the marital adjustment if it applies.** If you are married, your spouse is not filing with you, and you contend that calculating the commitment period under 11 U.S.C. § 1325(b)(4) allows you to deduct part of your spouse's income, copy the amount from line 13.

19a. If the marital adjustment does not apply, fill in 0 on line 19a.

-\$ **0.00**

19b. **Subtract line 19a from line 18.**

\$ **3,468.73**

**20. Calculate your current monthly income for the year.** Follow these steps:

20a. Copy line 19b ..... \$ **3,468.73**

Multiply by 12 (the number of months in a year).

**x 12**

\$ **41,624.76**

20b. The result is your current monthly income for the year for this part of the form

\$ **52,659.00**

20c. Copy the median family income for your state and size of household from line 16c .....

**21. How do the lines compare?**

Line 20b is less than line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 3, *The commitment period is 3 years*. Go to Part 4.

Line 20b is more than or equal to line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 4, *The commitment period is 5 years*. Go to Part 4.

**Part 4: Sign Below**

By signing here, under penalty of perjury I declare that the information on this statement and in any attachments is true and correct.

**X /s/ Alluette Karen Jones**

**Alluette Karen Jones**

Signature of Debtor 1

Date **January 28, 2016**

MM / DD / YYYY

If you checked 17a, do NOT fill out or file Form 122C-2.

If you checked 17b, fill out Form 122C-2 and file it with this form. On line 39 of that form, copy your current monthly income from line 14 above.

Debtor 1 Alluette Karen Jones

Case number (if known)

**16-00057**

### **Current Monthly Income Details for the Debtor**

#### **Debtor Income Details:**

Income for the Period **07/01/2015** to **12/31/2015**.

#### **Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions**

Source of Income: **Dan Vaden Chevrolet, Inc.**

Income by Month:

6 Months Ago:	<b>07/2015</b>	<b>\$0.00</b>
5 Months Ago:	<b>08/2015</b>	<b>\$1,866.67</b>
4 Months Ago:	<b>09/2015</b>	<b>\$2,050.00</b>
3 Months Ago:	<b>10/2015</b>	<b>\$4,214.17</b>
2 Months Ago:	<b>11/2015</b>	<b>\$3,675.00</b>
Last Month:	<b>12/2015</b>	<b>\$6,006.54</b>
	Average per month:	<b>\$2,968.73</b>

Remarks:

**The debtor began working for Dan Vaden Chevrolet in August 2015. She did not receive any income from wages in July 2015. The debtor is no longer employed at Dan Vaden Chevrolet and will receive no further income from this source.**

#### **Line 10 - Income from all other sources**

Source of Income: **Rental Contribution from Friend**

Income by Month:

6 Months Ago:	<b>07/2015</b>	<b>\$500.00</b>
5 Months Ago:	<b>08/2015</b>	<b>\$500.00</b>
4 Months Ago:	<b>09/2015</b>	<b>\$500.00</b>
3 Months Ago:	<b>10/2015</b>	<b>\$500.00</b>
2 Months Ago:	<b>11/2015</b>	<b>\$500.00</b>
Last Month:	<b>12/2015</b>	<b>\$500.00</b>
	Average per month:	<b>\$500.00</b>

#### **Non-CMI - Social Security Act Income**

Source of Income: **Social Security**

Income by Month:

6 Months Ago:	<b>07/2015</b>	<b>\$980.00</b>
5 Months Ago:	<b>08/2015</b>	<b>\$980.00</b>
4 Months Ago:	<b>09/2015</b>	<b>\$980.00</b>
3 Months Ago:	<b>10/2015</b>	<b>\$980.00</b>
2 Months Ago:	<b>11/2015</b>	<b>\$980.00</b>
Last Month:	<b>12/2015</b>	<b>\$980.00</b>
	Average per month:	<b>\$980.00</b>

**LOCAL OFFICIAL FORM 1007-1(b) TO SC LBR 1007-1**

**United States Bankruptcy Court  
District of South Carolina**

In re **Alluette Karen Jones**

Debtor(s)

Case No. **16-00057**  
Chapter **13**

**CERTIFICATION VERIFYING CREDITOR MATRIX**

The above named debtor, or attorney for the debtor if applicable, hereby certifies pursuant to South Carolina Local Bankruptcy Rule 1007-1 that the master mailing list of creditors submitted either on computer diskette, electronically filed via CM/ECF, or conventionally filed in a typed hard copy scannable format which has been compared to, and contains identical information to, the debtor's schedules, statements and lists which are being filed at this time or as they currently exist in draft form.

Master mailing list of creditors submitted via:

- (a)  computer diskette
- (b)  scannable hard copy  
(number of sheets submitted )
- (c)  X electronic version filed via CM/ECF

Date: **January 28, 2016**

**/s/ Alluette Karen Jones**

**Alluette Karen Jones**

Signature of Debtor

Date: **January 28, 2016**

**/s/ Elizabeth R. Heilig**

Signature of Attorney

**Elizabeth R. Heilig 10704**

**Meredith Law Firm, LLC**

**4000 Faber Place Drive, Suite 120**

**North Charleston, SC 29405**

**(843) 529-9000 Fax: (843) 529-9907**

Typed/Printed Name/Address/Telephone

**10704**

District Court I.D. Number

AFNI  
PO BOX 3427  
BLOOMINGTON IL 61702

MUSC HEALTH  
PO BOX 931736  
ATLANTA GA 31193

BERKELEY COUNTY TAX COLLECTOR  
PO BOX 6122  
MONCKS CORNER SC 29461-6120

MUSC PHYSICIANS  
1 POSTON ROAD  
SUITE 350  
CHARLESTON SC 29407-3431

CENTRAL FINANCIAL CONTROL  
P.O. BOX 66044  
ANAHEIM CA 92816

NBSC MORTGAGE LOANS  
PO BOX 1457  
COLUMBIA SC 29202

CHARLESTON COUNTY TREASURER  
4045 BRIDGEVIEW DRIVE  
NORTH CHARLESTON SC 29405

NEWBY SARTIP MASEL & CASPER  
PO BOX 808  
MYRTLE BEACH SC 29578

CLAWSON AND STAUBES, LLC  
126 SEVEN FARMS DRIVE STE 200  
CHARLESTON SC 29492

RESURGENT CAPITAL SERVICES, LLP  
PO BOX 10587  
GREENVILLE SC 29603

DATATRAC RECEIVABLES  
P.O. BOX 3699 109 EDGE BROOK DRIVE  
ANDERSON SC 29622

SC DEPARTMENT OF REVENUE  
PO BOX 12265  
COLUMBIA SC 29211

GREEN PLANET SERVICING  
321 RESEARCH PKWY STE 30  
MERIDEN CT 06450

SOUTH CAROLINA FEDERAL CREDIT UNION  
PO BOX 190012  
NORTH CHARLESTON SC 29419

INTERNAL REVENUE SERVICE  
CENTRALIZED INSOLVENCY OPERATION  
PO BOX 7346  
PHILADELPHIA PA 19101-7346

SYNOVUS  
PO BOX 120  
COLUMBUS GA 31902

JEFFERSON CAPITAL SYSTEMS  
PO BOX 7999  
SAINT CLOUD MN 56302